## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
Burns and Mc	Donnell Inc. PAC	
ADDRESS (number and	street) 9400 Ward Parkway	
(Check if address is changed)		
	Kansas City	MO 64114 - 1
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	dscott@burnsmcd.com	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www hurnsmed com	
2. DATE 0 3		
3. FEC IDENTIFICA	TION NUMBER C C00442913	
4. IS THIS STATEM	NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct a	nd complete
Time or Drint Name of	Treasurer Dennis W. Scott	
Type or Print Name of	Treasurer	
Signature of Treasurer	Electronically Filed by Dennis W. Scott	Date 0 3 / 2 6 / 2 0 0 9
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person signing this Sta	•
Office Use Only	For further information Federal Election Commis Toll Free 800-424-9530	